

**PRINTER RUSH**  
(PTO ASSISTANCE)

Application : <u>10/817117</u>	Examiner : <u>Boesen</u>	GAU : <u>1648</u>
From : <u>NAB</u>	Location : <u>IDC</u> FMF FDC	Date: <u>1-29-08</u>
Tracking # : <u>2/11/10 817117</u>		Week Date: <u>(2-24-07)</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11-28-2007</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW/FWCLM	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claim 15 E new 4  
depends upon canceled original  
claim 13.

Frank You  
NAB

[XRUSH] RESPONSE: Please amend claim 15 to be dependent from claim 1, instead of canceled claim 13. AB

**INITIALS:**

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.